



County Borough of Burton upon Trent

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EDUCATION COMMITTEE

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# ANNUAL REPORT

UPON THE  
SCHOOL HEALTH SERVICE

FOR THE YEAR 1967

BY

ROBERT MITCHELL

B.Sc., M.B., Ch.B., D.P.H.

*PRINCIPAL SCHOOL MEDICAL OFFICER*





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# Annual Report of the Principal School Medical Officer For the Year 1967

*To the Chairman and Members of the Education Committee.*

I have the honour to present my Annual Report for the year 1967.

There were no serious outbreaks of infectious disease during the year. There were no cases of scarlet fever, compared with 3 in 1966. There were 152 cases of measles compared with 213 in 1966, and 9 cases of whooping cough compared with 24 in 1966. There were no cases of pulmonary tuberculosis.

Infestation with scabies continued to be relatively prevalent, and this is so throughout the country. During the year 91 cases of scabies were treated compared with 86 cases in 1966. There was a small decrease in the number of children found to be infested with vermin.

Again, I have to report that owing to the financial situation, the much needed additional accommodation at the School Clinic, 32 Union Street, could not be provided, likewise some very desirable additional equipment for the Doctors and the Speech Therapist had to be deferred.

I wish to record my thanks to the Children's Care Committee, whose Secretary, Miss P. M. Evershed, J.P., arranged for 6 children to have periods of 3 weeks at Convalescent Homes, and to the Trustees of the Burton upon Trent Consolidated Charities, who provided for the maintenance of these children at the Convalescent Homes.

I wish to express my thanks to the Committee for their support during the year, to the Director of Education and his staff, to the Heads of the Schools for their valuable assistance, to the general practitioners for their co-operation, and to Dr. W. R. Henwood, who has been largely responsible for the preparation of this report.

I am,

Your obedient Servant,

ROBERT MITCHELL,

*Principal School Medical Officer.*

# Staff of the School Health Service

---

*Principal School Medical Officer :*

ROBERT MITCHELL, B.Sc., M.B., Ch.B., D.P.H.

*School Medical Officers :*

G. M. CURTOIS, M.R.C.S., L.R.C.P., D.P.H.

W. R. HENWOOD, B.Sc., M.B., Ch.B., D.P.H.

M. ALLAN, M.B., Ch.B., D.P.H. (*Temporary*)  
(*Resigned 19/7/67*)

*Principal Dental Officer :*

A. NOEL STANNARD, L.D.S.

*Consultant Dental Surgeon :*

A. CORNFORD BOWDEN, F.D.S., Eng. and Ed., H.D.D.  
(*Part-time*)

*Consultant Anaesthetist :*

GEORGE QUAYLE, M.R.C.S., L.R.C.P., F.F.A.R.C.S., Eng., D.A.  
(*Part-time*)

*Senior Dental Officer :*

C. S. LIDDLE, L.D.S., R.C.S., Ed.  
(*Resigned 30/6/67*)

*Dental Officers (Part-time) :*

ROY THOMPSON, L.D.S., B.D.S.

B. E. DAVIES, B.D.S.  
(*Commenced 2/11/67*)

*Speech Therapist :*

F. BROOK, F.C.S.T.

*Speech Therapist (Part-time) :*

MRS. M. RUDIN, L.C.S.T.



*School Nurses :*

MISS O. D. MARKS, S.R.N.  
MRS. M. T. POPIKAS, S.R.N., S.C.M.

### Dental Auxilliaris :

MISS M. PILLAR (*Resigned 26/5/67*)  
MISS M. HUMPHRYS (*Commenced 30/8/67*)  
MRS. M. BENNETT (*Commenced 15/8/67*)  
(*Resigned 29/11/67*)

*Dental Attendants :*

MRS. E. M. ROULSTONE  
MRS. E. CLAMP  
MISS C. HOWELL  
MISS R. J. TUNNICLIFFE (*Commenced 23/1/67*)

*Clerks :*

MRS. J. E. TOOGOOD (*Resigned 1/1/67*)  
MRS. J. BENTLEY  
MRS. M. B. M. HAMP (*Part-time*)  
MISS J. WHEAT (*Commenced 24/4/67*)

*Cleansing Assistants (Part-time) :*

MRS. B. FREEMAN (*Resigned 24/2/67*)  
MRS. I. NOAKES (*Commenced 13/3/67*)

**1. Staff Changes.** As reported last year we were fortunate to obtain the service of Dr. M. Allan during Dr. W. R. Henwood's absence at the London School of Hygiene and Tropical Medicine to take the Diploma in Public Health. Dr. Allan resigned in July, 1967, on Dr. Henwood's return to duty. Mr. C. S. Liddle resigned as Senior Dental Officer on 30th June, 1967, and there was a period when the Dental Clinic was understaffed until the appointment of Mr. B. E. Davies as Dental Officer (part-time) on 2nd November, 1967. There have been a number of changes of personnel amongst the Dental Auxilliaries, Dental Attendants, Clerical Staff and Cleansing Assistants.

**2. Medical Inspections.** The School Medical Officers have carried out routine examinations of all infants during their first year at school.

In Junior schools, inspections were once again confined to the re-inspection of children with known defects and to such children who were referred with suspected defects by the school staff or school nurses to the medical officers.

At the school leaver stage all children were seen, weighed and measured and had their vision and colour vision tested by the school nurses. As a result a number of children were brought forward for more detailed examination. School staffs and parents also requested that a further proportion of children be examined for suspected defects by the School Medical Officers. Parents of all children in this age group were offered an appointment with the School Medical Officers and a small number of parents availed themselves of this facility. An increasing number of children in this age group are also seen each year in conjunction with continental journeys and other courses of a residential or camping nature arranged by their respective schools.

The school nurses visited each school at least once a term for purposes of performing either vision testing and/or head inspections. Any defects noted at these visits are also reported to the School Medical Officers.

Visits have also been made to schools by the Principal Dental Officer to carry out dental examinations and some schools have also been visited by the senior Speech Therapist.

An ever increasing number of children are referred each year to the school medical service by parents and G.Ps.

The attendances of parents at routine medical examination of school entrants remains on the whole good but at some schools the attendance leaves much to be desired. Unfortunately, it is usually in the cases where the parents do not attend that there is most need for consultation between doctor and parent. This often necessitates making repeated appointments at the School Clinic.

Taken generally, the accommodation for the performance of routine medical examination, vision testing and head inspections remains very good, although in one or two of the older schools the conditions are still not ideal. In all schools, however, with the co-operation of the head teachers and staff the work has progressed smoothly.

### **3. Findings of the Medical Inspection and Treatment of Defects.**

(a) **General Condition.** On examination, the children are divided into two categories: "Satisfactory" and "Unsatisfactory", according to their physique, height-weight ratio and present state of health.

The general condition of entrants during 1967 is shown below:

Satisfactory	Unsatisfactory
98.92%	1.08%

On the whole, the standard of nutrition is high and the general condition of the children can be regarded as satisfactory.

With the co-operation of the General Practitioners, Specialist opinion and care has been obtained where considered desirable. Co-operation with the Burton General Hospital has also been well maintained, and copies of reports of all school children seen by the Specialists at the Hospital are received by the School Medical Service. This is a great help to the Medical Officers concerned.

(b) **Nose and Throat Defects.** Medical Inspection revealed 122 defects of the nose and throat, the great majority being either enlargement of tonsils and adenoids or persistent nasal catarrh.

Owing to the retirement of Mr. R. L. Flett, M.D., F.R.C.S., E.N.T., Surgeon at Burton General Hospital, and an unavoidable delay in obtaining the services of a successor, there was an appreciable fall in the number of children seen by the E.N.T. Department at the Burton Hospital and also in the number of children treated. Cases continued to be referred to Mr. H. W. McFarlane, F.R.C.S. at the Derbyshire Children's Hospital and, on his appointment at Burton General Hospital, to Mr. Rao, F.R.C.S., D.L.O., both of whom have been most helpful in dealing with cases referred to them by the School Health Service.

It is satisfactory to be able to report that a very large proportion of the children who have their tonsils and adenoids removed appear to improve in their general health as a result of the operation.

(c) **Ear Defects.** During 1967, 6 children from Burton upon Trent were in special residential schools for deaf or partially hearing children. One boy was in Needwood School for the Partially Hearing, and two boys and three girls were in the Derby Royal School for the Deaf. During the year, one pupil was equipped with a hearing aid, bringing the number of children in Burton equipped with such apparatus to 15. With the aid of the hearing aids these children have been able to continue their education at ordinary schools in the Borough. All such children are seen at least once a year by one of the School Medical Officers.

(d) **Defects of Vision.** The special Eye Clinic provided at the Burton General Hospital for school children continued to function well.

- (a) The number of cases referred to the Ophthalmologist during 1967 was 172.
- (b) The number of cases to whom prescriptions for spectacles were given was 88.
- (c) 3,765 children had their vision tested by the School Nurses in the schools. Of these, 139 were found to require specialist treatment.

As previously, the parent of a child found with defective vision is given the option of attending his or her own doctor, or the Eye Clinic for school children held at the Burton General Hospital, or to attend an optician of his or her own choice.

(e) **Orthopaedic Defects.** Children suffering from orthopaedic abnormalities requiring active treatment are referred to the Burton General Hospital, with the assent of the child's own doctor.

Advice is given at the School Clinic for minor defects.

As previously, flat feet and knock knees are the commonest orthopaedic defects found in school children, often associated with obesity.

143 children were found with orthopaedic defects at the school routine examinations.

(f) **Diseases of the Skin.** 91 cases of Scabies were treated during the year.

The number of cases seen in the previous ten years were :

1966—86. 1965—18. 1964—20. 1963—0. 1962—0.

1961—0. 1960—0. 1959—1. 1958—0. 1957—7.

For the third successive year there have been an increasing number of cases of scabies in the Borough. This in all probability reflects a true increase in the incidence in the Borough, as apart from this Clinic a number of other cases are being treated by their own doctors, although they are more and more, referring their cases to us for treatment.

Treatment—usually a series of three baths followed by the application of Benzyl Benzoate Emulsion—is given to all affected children of school age who are excluded from school until free from infection and a certificate to that effect is issued by the School Medical Officers. Unfortunately it is impossible to insist that members of the family under and over school age attend for examination and treatment, if necessary (although a number do so on a voluntary basis), and cases do occur of children having treatment and cleansed of infection, only for them to be reinfested later by another member of the family.

(g) **Speech Therapy.** Mr. F. Brook, F.C.S.T. (full time), and Mrs. M. Rudin, L.C.S.T. (part time), constitute the staff of the Speech Clinic. Mr. Brook reports as follows :

The total number of children attending the Speech Therapy Department has shown an increase on last year. This is due in part to the fact that more children than usual have been discharged on account of unsatisfactory attendance and their places taken by others on the waiting list.



Only two stammerers from secondary schools have needed treatment. This probably represents a significant change for the better. Reports from other parts of the country show that whilst the number of Primary stammerers (usually from the pre-school and infant departments) has not decreased, the number from junior and secondary departments shows a marked decline.

Treatment for Primary stammerers is usually largely prophylactic in character. A careful investigation is made into each case so that all factors which may have contributed to the communicative stress are brought to light. Both parents are seen wherever possible and the importance of negative re-action to the stammer symptoms is explained and emphasized. Close liaison with teachers is also essential and the Speech Therapists appreciate the co-operation received during the year.

The majority of children referred to the Department by the School Medical Officers are in the five-year-old group. Most of these are found to have mild or severe articulative defects. Whilst it is to be expected that some of these children would reach a satisfactory standard of speech without any treatment, there is a larger number who would have little chance of developing normal speech if left to their own resources.

F. BROOK, F.C.S.T., *Speech Therapist*.

Number of children treated :						Boys	..	..	..	132
						Girls	..	..	..	82
										<hr/> 214 <hr/>
(a)	Stammerers	..	..	..	..	..	..	..	..	27
(b)	Defects of articulation			..	..	..	..	..	..	137
(c)	Defects of articulation associated with hearing loss	..	..	..	..	..	..	..	..	3
(d)	Delayed language speech development					..	..	..	..	30
(e)	Cleft Palate Speech	..	..	..	..	..	..	..	..	10
(f)	Voice disorders	..	..	..	..	..	..	..	..	3
(g)	Dysphasia	..	..	..	..	..	..	..	..	1
(h)	Spastic dysarthria	..	..	..	..	..	..	..	..	1
(i)	Elective Mutism	..	..	..	..	..	..	..	..	1
(j)	Cluttering	..	..	..	..	..	..	..	..	1
										<hr/> 214 <hr/>

## Discharged :

Adjusted .. .. .	70
Partly adjusted .. .. .	10
Unadjusted (chiefly because of parents' inability to co-operate) .. .. .	12
Uneventuated (e.g. chiefly those who made a spontaneous recovery whilst awaiting treatment)	10
Transferred (e.g. to residential schools) .. .. .	2
	<hr/>
	104
	<hr/>

Total attendances .. .. .	1,497
Total on roll receiving treatment at 31st Dec., 1966 .. .. .	111
No. of children on waiting list at 31st Dec., 1966 .. .. .	26
No. of children referred during year .. .. .	100
No. discharged during year .. .. .	104
No. of children receiving treatment at 31st Dec., 1967 .. .. .	110
No. of children on waiting list at 31st Dec., 1967 .. .. .	23
No. of school visits made .. .. .	24
No. of children seen during school visits .. .. .	136

(h) **Infestation with Vermin.** The total number of examinations by School Nurses during 1967 was 17,632. 245 persons were found to be infested with vermin and 26 in a generally dirty condition ; which was a small decrease on the previous year. There were 102 exclusions as compared with 192 in the preceding year. The services of the Cleansing Assistant every morning during term time and occasionally during the holidays has been of the utmost assistance especially in view of the increase in the cases of scabies, quite apart from the numbers of head infestations. As usual the majority of infestations come from a hard core of families whose names appear regularly in the Head Clinic.

12 children had to be excluded twice during the year and 6 on three occasions and all of these children, with two exceptions, had other exclusions noted in previous years. These children are clear of infestation by the end of any one term but all seem to have brothers and sisters of under or over school age at home who appear to re-infect them during the school holidays.

Treatment for infested and dirty children is available at the School Clinic. Many cases are allowed to attend school provided that they are attending regularly for such treatment. A child who is heavily infested, or so dirty as to be offensive or who does not attend the School Clinic for treatment, is excluded from school until certified clean. During the year it was found necessary to issue 4 Cleansing Notices but no Cleansing Orders.

(i) **Plantar Warts.** The number of children attending the School Clinic for this painful complaint showed a further marked increase from 148 cases in 1966 to 191 cases in 1967. This increase is probably due to more cases being referred to the School Clinic by the General Practitioners rather than to an actual increase in the total number of cases. The routine treatment with Chlorosal proved satisfactory in the majority of cases. A few were treated with Carbon Dioxide Snow, though more applications were required with this to achieve a good result.

(j) **Enuresis.** The alarm buzzers are still being used in selected cases of Enuresis. In all 40 cases have been investigated by the School Nurses during the year under review and of these 30 were found suitable for a trial with these machines. As a result 14 were cured ; 2 improved, 4 failed to respond and 10 were still under treatment at the end of the year. From the experience gained over the past years with these machines, it would seem that they have a definite place in the treatment of this condition. It is important, however, that full co-operation is obtained with parents and children. At the end of the year 15 cases were still awaiting investigation.

### **Report of the Principal School Dental Officer**

Various staff changes have occurred over the year, details of which are annotated elsewhere.

At the end of the year, the staffing position was one full-time Dental Officer (Principal Dental Officer), assisted by two part-time Dental Surgeons and one full-time Dental Auxiliary. The ancillary staff are now at full strength.



Although widely advertised, the post of full-time Senior Dental Officer, or Dental Officer, remains vacant. Staff augmentation has been one part-time Dental Surgeon, who commenced part-time duties in early November, covering five sessions a week. As a temporary measure, these officers serve a most useful purpose but, as so often happens, the appointments are of short duration, and the vital factor of continuity is lost.

The Dental Inspection of children in schools, was not persisted with over the period covering end of June to early November, due to staff shortage. Since this latter date, inspections have been recommenced and continue in Infant and Junior schools. As mentioned in previous reports, the desire is to produce dental awareness before children reach their secondary education period. The Dental Auxiliary has been very useful here, by having talks and giving demonstrations on Dental Health and Hygiene in these schools. A lively interest has been shown during these discourses, especially by the children approaching "eleven plus" age.

As noted in the previous year, more children seem to be receiving treatment other than just extractions. This was not so noticeable a few years ago.

Dental Anaesthetics are administered mainly by the Consultant Anaesthetist, Deputy Medical Officer of Health, and Assistant Medical Officer of Health.

The processing of orthodontic and prosthetic appliances continue to be satisfactorily carried out by Dental Technicians attached to Burton General Hospital.

A. N. STANNARD, L.D.S.,

*Principal School Dental Officer.*

**4. Handicapped Pupils.** The distribution of Handicapped Pupils in this area is shown in the following table.

Handicap	Attending special School	At ordinary School	At no School	Total not attending special School
Blind .. ..	1	—	—	—
Partially Sighted .. ..	3	—	—	—
Deaf .. ..	5	—	—	—
Partially Hearing .. ..	1	—	—	—
Delicate .. ..	—	5	—	5
Educationally Sub-normal	10	125	—	125
Epileptic .. ..	1	10	1	11
Physically Handicapped	9	20	2	22
Maladjusted .. ..	4	—	—	—
Speech Defect .. ..	—	214	—	214
	34	374	3	377

Ascertainment of Educationally Sub-normal Children was continued throughout the year. 57 children were assessed during 1967 with the following results :—

Children examined under Section 57 (5) .. ..	—
Children examined under Section 57 (3) .. ..	6
Children examined and found E.S.N. .. ..	30
E.S.N. Children re-examined .. ..	17
Children examined and found normal .. ..	3
Children examined and found maladjusted .. ..	1
S.S.N. re-examined and found E.S.N. .. ..	—

The special classes for retarded children now at Christ Church School, Anglesey Secondary Modern School and Horninglow Secondary Modern School continue to function satisfactorily within the limits imposed by the buildings, etc. It is hoped that the opening of the new school at Bitham Lane in 1968 will eventually improve the facilities available for the education of these children.

The Special Classes were visited during the year by Medical Officers who found that good progress is being made with the children.

**Child Guidance Clinic.** The facilities of the Child Guidance Clinic in Lichfield remain available throughout the year, but shortage of staff there and heavy case load entailed a long waiting period for cases to be seen. In all 7 cases have been seen by Dr. Baker this year which is slightly less than in the previous year when 8 were seen. The procedure is the same as before all cases being referred to Dr. Ramage, Principal School Medical Officer for Staffordshire.

**5. Infectious Diseases.** During the year under review the procedure as instituted during 1964 for the immunisation of children commencing school was continued. This has resulted in considerably more children receiving the combined Diphtheria/Tetanus immunisation procedure as compared with a relatively small increase in those receiving the Diphtheria immunisation alone. There has been some overall improvement in the percentage of children being immunised.

The number of children immunised by the School Health Service during 1967 was as follows :

(1) Number of children who received a full course of Diphtheria/Tetanus immunisation .. ..	181
(2) Number of children who received a full course of Diphtheria immunisation .. .. .	40
(3) Number of children who received a reinforcing or booster dose of Diphtheria antigen .. ..	681
(4) Number of children who received a reinforcing or booster dose of Diphtheria/Tetanus antigen ..	893

The number of cases of Infectious and other Notifiable Diseases occurring in school children during 1967 was as follows :—

<i>Disease</i>	<i>Number notified</i>	<i>Admitted to Hospital</i>
Diphtheria .. .. .	0	0
Poliomyelitis .. .. .	0	0
Scarlet Fever .. .. .	0	0
Whooping Cough .. .. .	9	0
Meningococcal Meningitis .. .. .	0	0
Measles .. .. .	152	0
Pneumonia .. .. .	0	0
Respiratory Tuberculosis .. .. .	0	0
Non-Respiratory Tuberculosis .. .. .	0	0
Dysentery .. .. .	5	2
Malaria (believed to be contracted abroad)	2	2

## 6. B.C.G. Vaccination.

**Contact Scheme.** Dr. M. B. Paul, the Chest Physician, carried out Heaf Skin testing of child contacts of cases of Tuberculosis. He gave B.C.G. Vaccination to those with negative skin reactions. Fourteen were successfully vaccinated under this scheme in 1967.

**School Children Scheme.** The scheme, which was started in 1963, was continued, B.C.G. vaccination being offered to all children of 13 years and over attending the schools in Burton upon Trent. A very good response was again received from the parents, the vast majority of whom were glad to have their children vaccinated.

Excellent co-operation was also received from the School Staffs and from the children themselves ; no difficulty being experienced either in the skin testing or subsequent vaccinations. There were no severe reactions.

During the year 855 were given the Heaf Skin Test. As a result 113 children were found to have a positive reaction and 733 a negative. Of the 733 found to be negative to the Heaf Test, 728 received B.C.G. vaccination.

## 7. Deaths of Children of School Age.

Five School children died in 1967 :—

- |     |                    |    |     |   |
|-----|--------------------|----|-----|---|
| (1) | Boy, aged 11 years | .. | (a) | Sarcomatosis  |
|     |                    |    | (b) | Synovioma   |
| (2) | Girl, aged 5 years | .. | (a) | Asphyxia  |
|     |                    |    | (b) | Obstruction by bread in the Pharynx. Misadventure   |
| (3) | Boy, aged 8 years  | .. | (a) | Drowning  |
|     |                    |    | (b) | Due to total immersion in water Misadventure  |
| (4) | Boy, aged 12 years | .. | (a) | Cerebral Oedema   |
|     |                    |    | (b) | Commotion Injury  |
|     |                    |    | (c) | A collision with a private motor car while crossing the road on foot. Accidental Death      |
| (5) | Boy, aged 13 years | .. | (a) | Bronchopneumonia due to cerebral softening due to cerebral contusion due to a road accident |

### 8. Minor Ailments.

The Authority maintains the School Clinic which is situated in a specially-adapted building at No. 32 Union Street. This building is used for School Medical purposes, and it also contains the Speech Therapy Clinic. Minor Ailments Clinics with a School Medical Officer in attendance are held daily, between 9 and 10 a.m., including those periods when schools are closed for holidays.

All Medical Records of School Children are kept at the School Clinic, and these are frequently referred to by Medical Officers when making special medical examination of children.

During 1967, there were 2,694 attendances at the Clinic for treatment of minor ailments, excluding attendances for disinfection. This figure showed an increase of 294 over the attendances for 1966.

### 9. Employment of School Children.

The following table shows the number of children examined and passed fit for employment.

			<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Newspaper Delivery .. ..	101	26	127		
Milk Delivery .. ..	4	—	4		
Shop Assistants .. ..	2	10	12		
Errand Boys .. ..	12	—	12		
Delivery of Circulars .. ..	2	—	2		
Clerical Duties .. ..	—	—	—		
Dining Room and Cafe Assistants .. ..	—	2	2		
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	121	38	159		
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

### 10. School Meals Service and Free Milk Scheme.

The number of meals served was as follows :—

Children .. ..	841,068
Staff and Helpers .. ..	76,138
Students .. ..	6,688
	<hr/>
Total .. ..	923,894
	<hr/>

7,150 children were supplied with milk during the year.

**11. Children's Care Committee.** I am indebted to Miss P. M. Evershed for the following report, and I thank the Committee for this valuable assistance.

## CHILDREN'S CARE COMMITTEE

### Report for the Year 1967

The Children's Care Committee was appointed by the Education Committee for work in 1967 and was constituted as follows :—

Mrs. E. Clarson, Miss P. M. Evershed, Mrs. L. Hill, Mrs. Perry, Miss G. Rowland and Mrs. Street.

The officers elected for 1967 were :—

<i>Chairman</i>	..	..	..	Miss G. Rowland
<i>Vice-Chairman</i>	..	..	..	Mrs. L. Hill
<i>Hon. Secretary and Treasurer</i>	..			Miss P. M. Evershed

The Committee met five times during the year.

Six cases were reported to them and were dealt with as follows :

Sent to Convalescent Home :

1.	Boy	aged	5½	years	..	..	Roecliffe Manor	for 3 weeks
2.	Boy	„	5½	„	..	..	„ „	for 3 weeks
3.	Boy	„	9	„	..	..	„ „	for 3 weeks
4.	Boy	„	8	„	..	..	„ „	for 3 weeks
5.	Boy	„	6	„	..	..	„ „	for 3 weeks
6.	Boy	„	7½	„	..	..	„ „	for 1 week

The boys sent to Roecliffe Manor all benefited by their stay and gained in weight. The one boy, who only stayed for one week, was fetched home because his father had changed his job and was having a holiday and wished the boy to go with him.

In January the Members were pleased to welcome Mrs. Street to the Committee.



In 1967 there was less work for the Committee than there had ever been before. Members hope this was a sign of improved health of the school children.

The Committee thank the Feoffees for providing maintenance at the Convalescent Home for 6 children for 16 weeks.

(Sgd.) GLADYS M. ROWLAND,  
*Chairman.*

(Sgd.) PHYLLIS M. EVERSLED,  
*Hon. Secretary.*

10th January, 1968.

# MEDICAL INSPECTION TABLES, 1967

## Number of Children.

Average number of children on the roll	..	..	10,294
Average attendance	..	..	9,448

Table 1

## Medical Inspection of Pupils attending Maintained Primary and Secondary Schools

### A.—PERIODIC MEDICAL INSPECTIONS

Age Groups inspected and Number of Pupils examined in each :

Entrants	..	..	..	..	..	..	1,401
Leavers	..	..	..	..	..	..	678
Others	..	..	..	..	..	..	59
Total	..	..	..	..	..	..	2,138

### B.—OTHER INSPECTIONS

Number of Special Inspections	..	..	..	..	399
Number of Re-Inspections	..	..	..	..	1,337
Total	..	..	..	..	1,736

### C.—PUPILS FOUND TO REQUIRE TREATMENT

Age Groups Inspected (by year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Table III	Total individual pupils
(1)	(2)	(3)	(4)
1963 and later	—	6	6
1962	3	188	186
1961	2	83	83
1960	—	5	5
1959	—	3	3
1958	—	—	—
1957	—	—	—
1956	1	—	1
1955	1	—	1
1954	—	—	—
1953	—	—	—
1952 and earlier	18	30	46
TOTAL .. ..	25	315	331



**D.—CLASSIFICATION OF THE PHYSICAL CONDITION  
OF PUPILS INSPECTED IN THE AGE GROUPS RECORDED  
IN TABLE 1 A**

Age Groups Inspected (by years of birth)	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No. (3)	% of Col. (2) (4)	No. (5)	% of Col. (2) (6)
(1)	(2)	(3)	(4)	(5)	(6)
1963 and later	27	26	96.3	1	3.7
1962	823	806	97.9	17	2.1
1961	551	546	99.1	5	0.9
1960	41	41	100	—	—
1959	11	11	100	—	—
1958	1	1	100	—	—
1957	3	3	100	—	—
1956	2	2	100	—	—
1955	1	1	100	—	—
1954	—	—	—	—	—
1953	—	—	—	—	—
1952 and earlier	678	678	100	—	—
<b>TOTAL .. ..</b>	<b>2138</b>	<b>2115</b>	<b>98.9</b>	<b>23</b>	<b>1.1</b>

**Table II**  
**Infestation with Vermin**

(i)	Total number of individual examinations of pupils in Schools, by the School Nurses or other authorised persons ..	17,632
(ii)	Total number of individual pupils found to be infested ..	245
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	4
(iv)	Number of individual pupils in respect of whom Cleansing Orders were issued (Section 54 (3) Education Act, 1944)	—

**Table III**  
**Defects found by Medical Inspection**  
**A.—PERIODIC INSPECTIONS**

Defect Code No. (1)	Defect or Disease (2)			Periodic Inspections				
				Entrants (3)	Leavers (4)	Others (5)	Total (6)	
4	Skin	..	..	T	25	4	1	30
				O	42	22	1	65
5	Eyes—							
	(a)	Vision	..	T	5	18	2	25
				O	18	77	—	95
	(b)	Squint	..	T	30	8	—	38
				O	35	3	—	38
	(c)	Other	..	T	4	—	—	4
				O	9	13	—	22
6	Ears—							
	(a)	Hearing	..	T	7	3	—	10
				O	48	1	1	50
	(b)	Otitis Media		T	5	—	—	5
				O	29	2	2	33
	(c)	Other	..	T	2	—	—	2
				O	15	1	—	16
7	Nose and Throat			T	45	11	1	57
				O	233	12	8	253
8	Speech	..	..	T	45	—	—	45
				O	104	7	1	112
9	Lymphatic Glands			T	18	—	—	18
				O	61	1	—	62
10	Heart	..	..	T	4	1	—	5
				O	9	3	—	12
11	Lungs	..	..	T	9	—	1	10
				O	41	11	2	54
12	Developmental—							
	(a)	Hernia	..	T	10	—	—	10
				O	9	—	—	9
	(b)	Other	..	T	20	—	2	22
				O	42	6	—	48
13	Orthopaedic—							
	(a)	Posture	..	T	—	—	—	—
				O	8	1	—	9
	(b)	Feet	..	T	11	1	—	12
				O	37	3	1	41
	(c)	Other	..	T	6	3	1	10
				O	59	10	2	71
14	Nervous System—							
	(a)	Epilepsy	..	T	3	—	—	3
				O	—	3	—	3
	(b)	Other	..	T	—	—	—	—
				O	1	1	—	2
15	Psychological—							
	(a)	Development		T	4	—	—	4
				O	46	2	—	48
	(b)	Stability		T	30	—	2	32
				O	79	5	2	86
16	Abdomen	..		T	—	—	1	1
				O	9	—	1	10
17	Other	..	..	T	—	—	—	—
				O	—	—	—	—

Table III (continued)

## B.—SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin .. .. .	14	—
5	Eyes—(a) Vision .. .. .	29	—
	(b) Squint .. .. .	—	—
	(c) Other .. .. .	4	—
6	Ears—(a) Hearing .. .. .	1	—
	(b) Otitis Media .. .. .	3	—
	(c) Other .. .. .	2	—
7	Nose and Throat .. .. .	4	—
8	Speech .. .. .	—	—
9	Lymphatic Glands .. .. .	—	—
10	Heart .. .. .	—	—
11	Lungs .. .. .	—	—
12	Developmental— (a) Hernia .. .. .	1	—
	(b) Other .. .. .	—	—
13	Orthopaedic— (a) Posture .. .. .	—	—
	(b) Feet .. .. .	4	—
	(c) Other .. .. .	7	—
14	Nervous System—(a) Epilepsy .. .. .	—	—
	(b) Other .. .. .	—	—
15	Psychological— (a) Development .. .. .	—	—
	(b) Stability .. .. .	—	—
16	Abdomen .. .. .	—	—
17	Other .. .. .	—	—

**Table IV**  
**Treatment Table**

**Group 1.—Eye Diseases, Defective Vision and Squint**

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint .. .. .	9	10
Errors of refraction (including squint) .. .. .	130	42
TOTAL .. .. .	139	52
Number of pupils for whom spectacles were prescribed .. .. .	69	19

**Group 2.—Diseases and Defects of Ear, Nose and Throat**

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
Received operative treatment—		
(a) for diseases of the ear .. .. .	—	2
(b) for adenoids and chronic tonsillitis .. .. .	—	64
(c) for other nose and throat conditions .. .. .	—	11
Received other forms of treatment .. .. .	5	40
TOTAL .. .. .	5	117

Total number of pupils in schools who are known to have been provided with hearing aids—

(a) in 1967 .. .. .	—	1
(b) in previous years .. .. .	—	14

**Group 3.—Orthopaedic and Postural Defects**

	By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patients departments .. .. .	—	398

**Group 4.—Diseases of the Skin (excluding uncleanness)**

	Number of cases treated or under treatment during the year by the Authority
Ringworm—(i) Scalp .. .. .	—
(ii) Body .. .. .	—
Scabies .. .. .	91
Impetigo .. .. .	4
Other skin diseases .. .. .	14
<b>TOTAL ..</b>	<b>109</b>

**Group 5.—Child Guidance Treatment**

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority .. .. .	7
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**Group 6.—Speech Therapy**

Number of pupils treated by Speech Therapists under arrangements made by the Authority .. .. .	214
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**Group 7.—Other Treatments Given**

(a) Number of cases of miscellaneous minor ailments treated by the Authority .. .. .	277
(b) Pupils who received convalescent treatment under School Health Service arrangements .. .. .	—
(c) Pupils who received B.C.G. vaccination .. .. .	728
(d) Other than (a), (b) and (c) above .. .. .	—
<b>Total number of attendances at Authority's Minor Ailments Clinics .. .. .</b>	<b>2,694</b>
<b>Total number of attendances including uncleanness .. .. .</b>	<b>6,215</b>

**Table V**  
**Dental Inspection and Treatment**

**Attendance and Treatment**

	Ages 5 to 9	Ages 10 to 14	Ages 15 & over	Total
First Visit .. .. .	998	864	161	2,023
Subsequent visits .. .. .	2,148	1,939	340	4,427
Total visits .. .. .	3,146	2,803	501	6,450
Additional courses of treatment commenced .. .. .	115	79	10	204
Fillings in permanent teeth .. .. .	859	1,429	312	2,600
Fillings in deciduous teeth .. .. .	1,357	118	—	1,475
Permanent teeth filled .. .. .	675	1,283	282	2,240
Deciduous teeth filled .. .. .	1,237	107	—	1,344
Permanent teeth extracted .. .. .	38	283	71	392
Deciduous teeth extracted .. .. .	933	304	—	1,237
General anaesthetics .. .. .	433	199	25	657
Emergencies .. .. .	317	181	47	545

Number of Pupils X-Rayed .. .. .	57
Prophylaxis .. .. .	1,240
Teeth otherwise conserved .. .. .	99
Number of teeth root filled .. .. .	4
Inlays .. .. .	10
Crowns .. .. .	9
Courses of treatment completed .. .. .	1,284

**Orthodontics :**

Cases remaining from previous year .. .. .	59
New cases commenced during year .. .. .	34
Cases completed during year .. .. .	26
Cases discontinued during year .. .. .	9
No. of removable appliances fitted .. .. .	49
No. of fixed appliances fitted .. .. .	—
Pupils referred to Hospital Consultant .. .. .	8

**Prosthetics**

	Ages 5 to 9	Ages 10 to 14	Ages 15 & over	Total
Pupils supplied with F.U. or F.L. (first time) .. .. .	—	—	—	—
Pupils supplied with other dentures (first time) .. .. .	1	9	3	13
Number of dentures supplied .. .. .	1	11	8	20

**Anaesthetics**

General Anaesthetics administered by Dental Officers .. .. .	1
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**Inspections :**

(a) First inspection at school. Number of Pupils .. .. .	2,443
(b) First inspection at clinic. Number of Pupils .. .. .	1,260
Number of (a) + (b) found to require treatment .. .. .	2,372
Number of (a) + (b) offered treatment .. .. .	2,372
(c) Pupils re-inspected at school clinic .. .. .	319
Number of (c) found to require treatment .. .. .	143

## APPENDIX

### PHYSICAL EDUCATION REPORT FOR THE YEAR 1967

The year could generally be described as uncertain, to which was added at its close an authoritative declaration that the momentum of capital provision for education would be reduced during the next few years. Nevertheless there is fair progress to report—the opening of the Ada Chadwick Secondary school and Violet Lane Primary school on fine open sites—the continued growth of playing fields to close on 100 acres—an offer to the Local Sports Council of two desirable sites which could be made available for a proposed Sports Hall.

#### Physical Education in the Primary Schools

It is a pleasure to report developments at Holy Trinity, where the hall was equipped with fixed apparatus for this marks the completion of a plan drawn up in 1961 for the modernization of the P.E. provisions in all our Junior Schools. Re-development of the Dale Street area of the town has resulted in the site of Christ Church Primary School (our oldest School) being doubled which will allow the hard paved area to be enlarged and also the embellishment of the school with a grass area of approximately half an acre.

#### Physical Education in the Secondary Schools

A panel of secondary school gymnastic teachers was formed early in the year to consider the provision of additional facilities for physical recreation which the raising of the school leaving age would make desirable. Discussions were suspended in October because of the uncertainty of the proposed pattern of secondary education in the Borough but not before the need to make wider provision for minority sports and swimming had been established. Without the building of a new swimming pool it will not be possible to meet the increasing demand from all the secondary schools for recreational and competitive swimming. It would be a retrograde step to meet this demand by curtailing the swimming time devoted to younger pupils at the existing baths. This vision was supported later in the year by a request from the Endowed School Governors for the acquisition of a practice climbing area and the provision of a school swimming pool on the Winshill campus where recent site work has made comprehensive developments possible.



## Playing Fields

It was found possible to go ahead in the 1967/68 Minor Works Programme with the extensions of the playing fields at the Girls' High School. Originally (1955) it was intended to develop a 4 acres extension by controlled tipping, but the work was halted in order to avoid an excessive loss of land required for embankments. The revised plan involving cut and fill will bring into being  $5\frac{1}{2}$  acres of playing field by reducing embankments to a minimum. The extension which is due to come into use in the Spring 1969 will provide three additional hockey pitches and  $\frac{1}{4}$  mile grass athletic track according to the season.

An additional gain has been the merging of the playing fields of the three secondary schools on the Winshill campus to give a total of 32 acres. In anticipation of this the three schools agreed in September 1967 to the formation of a single maintenance unit of school groundsmen.

By Autumn, 10 acres of playing field had been completed at the new Ada Chadwick Secondary School—3 months ahead of the school building. The hand-over by the contractors coincided with an inspection by our Turf Consultants and was preceded by a phenomenally wet October. The report confirmed our high hopes for these fields, which are due to come into use in the Spring (1968).

It is with regret that I report the loss of part of the Waterside School playing field (2 acres for 370 pupils being already sub-standard) for the building of a caretaker's bungalow. In a service demanding so much give-and-take, losses must be seen in proportion. Nevertheless the school having felt its loss of space for winter games, is even more concerned about its ability to make adequate provision during the summer.

## Swimming

From records made by the Schools the Borough can claim that 90% of its pupils are swimmers by the end of their first year in a secondary school (12+ years) while only 1% of pupils have a physical disability which prevents them receiving swimming instruction. An appreciation of this attainment can be measured against a recent estimate by the Amateur Swimming Association that little more than 50% of the people in the United Kingdom can swim.



An increasing number of Junior Schools entered the Dolphin Trophy Swimming Scheme, where schools are placed by the proportion of pupils in their final year of the Primary School who are able to swim 25 yards. Some of our schools competed in Division 4 (Midland Counties) with these results :—

Section A	Holy Trinity	4th position	93% swimmers
Section B	Shobnall	5th position	100% swimmers
Section C	Uxbridge	1st position	97% swimmers
Section C	Waterside	30th position	60% swimmers
Section C	Grange	34th position	50% swimmers

An interesting situation arose in Section B where to determine the winners a new rule was applied to take into account the number of pupils who could also swim 50 yards and 100 yards. This is an example of the rising standards of attainment within a very short time. In 1961 when the Borough swimming scheme started the local standard was  $12\frac{1}{2}$  yards (1 width of the bath); by 1967 the standard had become 100 yards for a junior school swimmer at Divisional level. By such efforts are honours gained and local standards outgrown.

## Athletics

Reference was made in last year's report to the proposed inclusion of cross-country running for schoolgirls. The follow-up was both interesting and encouraging, in that the Borough's Junior team gained 4th place while the Senior team gained 2nd place in the first Staffordshire Schools' Championships.

## Conclusion

The outlook for the next two years at least is restrictive. We cannot ignore the warnings of restraint on expenditure or fail to prepare ourselves for a holding action.

(Sgd.) J. W. PARKINSON,  
*Organiser of Physical Education.*

